

RECEIVED
CENTRAL FAX CENTER

FEB. 13 2006

Allen, Dyer, Doppelt,
Milbrath & Gilchrist, P.A.
— INTELLECTUAL PROPERTY ATTORNEYS —

255 South Orange Avenue • Suite 1401 • Orlando, FL 32801
Mail to: P.O. Box 3791 • Orlando, FL 32802-3791
tel: 407-841-2330 • fax: 407-841-2343
email: cobrien@addmg.com

FACSIMILE COVER SHEET

TO: EXAMINER BRENT SWARTHOUT (U.S. PATENT AND TRADEMARK OFFICE)

CLIENT NUMBER: 58180

TELEPHONE: 571-272-2979 FAX: 571-273-8300

FROM: CIAN G. O'BRIEN

DATE: February 13, 2006

NUMBER OF PAGES (INCLUDING COVER SHEET): 5

COMMENTS/INSTRUCTIONS:

Re: U.S. Patent Application Serial No. 10/649,267

Please see attached Request to Consider Previously Submitted IDS.

NOTE: The information in this facsimile transmission is intended only for the personal and confidential use of the designated recipient(s) named above. This message may be an attorney-client communication and as such is privileged.

If the reader of this message is not the intended recipient named above, you are notified that you have received this document in error, and any review, dissemination, distribution or copying of this message is strictly prohibited.

If you have received this document in error, please notify this office immediately via telephone, and return the original message to the above address by mail. Thank you.

IF YOU DO NOT RECEIVE ALL OF THE PAGES OR ENCOUNTER DIFFICULTIES IN TRANSMISSION, PLEASE CONTACT
THE RECEPTIONIST IMMEDIATELY AT (407) 841-2330

**RECEIVED
CENTRAL FAX CENTER****FEB 13 2006**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
FLICK)
Serial No. 10/649,267) Examiner: B. Swarthout
Confirmation No. 6439) Art Unit: 2636
Filing Date: August 27, 2006) Attorney Docket: 58180
For: VEHICLE SECURITY DEVICE)
INCLUDING PRE-WARN INDICATOR)
AND RELATED METHODS)

**REQUEST TO CONSIDER PREVIOUSLY SUBMITTED
INFORMATION DISCLOSURE STATEMENT**


Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants request confirmation of consideration of the IDS mailed to the U.S. Patent and Trademark Office on November 19, 2003. Further, applicants request confirmation of consideration of the IDS mailed to the U.S. Patent and Trademark Office on June 1, 2005. Attached are copies of our return postcards bearing the dates the foregoing were received by the U.S. Patent Office Mailroom.

Should any questions arise regarding this communication, the Examiner is respectfully requested to telephone the undersigned at the Examiner's convenience.

Respectfully submitted,


CIAN G. O'BRIEN
Reg. No. 55,792
Allen, Dyer, Doppelt, Milbrath
& Gilchrist, P.A.
255 S. Orange Ave., Suite 1401
P. O. Box 3791
Orlando, Florida 32802
(407) 841-2330

In re Patent Application of:
FLICK
Serial No. 10/649,267
Confirmation No. 6439
Filed: August 27, 2003

CERTIFICATE OF FACSIMILE TRANSMISSION

I HEREBY CERTIFY that the foregoing **REQUEST FOR**
CONSIDERATION OF PREVIOUSLY SUBMITTED IDS has been forwarded
via facsimile No. 571-273-8300, this 13th day of February,
2006.



INVENT NO. 10/649,267 FILED/ISSUED August 27, 2003
 APPLICANT Click
 KINDLY ACKNOWLEDGE RECEIPT OF ACCOMPANYING PAPERS WITH YOUR MAIL ROOM STAMP.

<input type="checkbox"/> \$ _____ check	<input type="checkbox"/> Appellant's Appeal Brief (x3) - \$320 large entry
<input type="checkbox"/> Authorization - Deposit Account No. _____	<input type="checkbox"/> Status Request
<input type="checkbox"/> Utility application _____ Provisional application _____	<input type="checkbox"/> Transmittal of Formal Drawings (____ sheets)
<input type="checkbox"/> _____ pages, _____ claims, _____ drawing sheets	<input type="checkbox"/> Letter to Official Draftsman
<input type="checkbox"/> CPA transmittal _____ Continuation transmittal _____	<input type="checkbox"/> Part B-Issue Fee Transmittal
<input type="checkbox"/> RCE transmittal _____ Divisional transmittal _____	<input type="checkbox"/> Publication Fee Transmittal
<input type="checkbox"/> Certificate of Express Mail Label No.: _____	<input type="checkbox"/> PCT Request (____ pp.) + Application (____ pp.)
<input type="checkbox"/> Declaration and Power of Attorney	<input type="checkbox"/> National Phase Transmittal Letter
<input type="checkbox"/> Assignment w/Cover Sheet	<input type="checkbox"/> Response to PCT Invitation to Correct Defects
<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Ch. II Demand _____ Power of Attorney
<input type="checkbox"/> Response to Notice to File Missing Parts _____	<input type="checkbox"/> Revocation of Prior Powers of Attorney and POA
<input checked="" type="checkbox"/> Citation Under 37 CFR § 1.97 (IDS)	<input type="checkbox"/> Petition for _____ + \$130 Fee
<input checked="" type="checkbox"/> Form PTO-1449 + copies of cited references (____)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Response to Restriction Requirement	<input type="checkbox"/> Request for Correction to Filing Receipt
<input type="checkbox"/> Response to Election Requirement	<input type="checkbox"/> Request for Correction to Assignment and/or cover
<input type="checkbox"/> Amendment Transmittal Form	<input type="checkbox"/> Transmittal of Certified Copy of Priority Document
<input type="checkbox"/> Amendment (Official Action of _____)	<input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Request for Extension of Time (____ mos.)	<input type="checkbox"/> Replacement Drawings (____ sheets)
<input type="checkbox"/> Notice of Appeal	<input type="checkbox"/> Request Certificate of Correction + PTO 1050
	<input type="checkbox"/> Substitute specification (w/marked up version)
	<input type="checkbox"/> Other _____

DATE 6/1/05 FILE NO. 58180 ATTORNEY C. Ryan

SERIAL/PATENT NO. 10/649,267 FILED/ISSUED 8/27/03
 APPLICANT Flick

KINDLY ACKNOWLEDGE RECEIPT OF ACCOMPANYING PAPERS WITH YOUR MAIL ROOM STAMP.

<input type="checkbox"/> \$ _____ check	<input type="checkbox"/> Appellant's Appeal Brief (x3) - \$320 large entity
<input type="checkbox"/> Authorization - Deposit Account No. _____	<input type="checkbox"/> Status Request
<input type="checkbox"/> Utility application <input type="checkbox"/> Provisional application	<input type="checkbox"/> Transmittal of Formal Drawings (____ sheets)
<input type="checkbox"/> _____ pages, _____ claims, _____ drawing sheets	<input type="checkbox"/> Letter to Official Draftsman
<input type="checkbox"/> CPA transmittal _____ Continuation transmittal	<input type="checkbox"/> Part B-Issue Fee Transmittal
<input type="checkbox"/> RCE transmittal _____ Divisional transmittal	<input type="checkbox"/> Publication Fee Transmittal
<input type="checkbox"/> Certificate of Express Mail Label No.: _____	<input type="checkbox"/> PCT Request (____ pp.) + Application (____ pp.)
<input type="checkbox"/> Declaration and Power of Attorney	<input type="checkbox"/> National Phase Transmittal Letter
<input type="checkbox"/> Assignment w/Cover Sheet	<input type="checkbox"/> Response to PCT Invitation to Correct Defects
<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Ch. II Demand _____ Power of Attorney
<input type="checkbox"/> Response to Notice to File Missing Parts + copy	<input type="checkbox"/> Revocation of Prior Powers of Attorney and POA
<input checked="" type="checkbox"/> Citation Under 37 CFR § 1.97 (IDS)	<input type="checkbox"/> Petition for _____ + \$130 Fee
<input checked="" type="checkbox"/> Form PTO-1449 + copies of cited references	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Response to Restriction Requirement	<input type="checkbox"/> Request for Correction to Filing Receipt
<input type="checkbox"/> Response to Election Requirement	<input type="checkbox"/> Request for Correction to Assignment and/or cover
<input type="checkbox"/> Amendment Transmittal Form	<input type="checkbox"/> Transmittal of Certified Copy of Priority Document
<input type="checkbox"/> Amendment (Official Action of _____)	<input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Request for Extension of Time (____ mos.)	<input type="checkbox"/> Submission of Proposed Drawing Modification
<input type="checkbox"/> Notice of Appeal	<input type="checkbox"/> Request Certificate of Correction + PTO 1050
<u>11/19/03</u> <u>58180</u>	<input type="checkbox"/> Substitute specification (w/marked up version)
DATE	Other _____
FILE NO.	ATTORNEY <u>FW</u>

